

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee		FEC IDENTIFICATION NUMBER ▼ C C00492116	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>	

Full Name of Payee Revolution Media Group			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>		
Mailing Address 1020 Princess St			Amount <div style="display: inline-block; text-align: center; margin: 0 10px;"> 207000.00 </div>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : E-277		
Purpose of Expenditure Cable and Radio Advertising		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>		
Name of Federal Candidate Bruce Braley		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; text-align: center; margin: 0 10px;"> 257830.00 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Revolution Media Group			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>		
Mailing Address 1020 Princess St			Amount <div style="display: inline-block; text-align: center; margin: 0 10px;"> 343000.00 </div>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : E-278		
Purpose of Expenditure Cable and Radio Advertising		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>		
Name of Federal Candidate Tom Cotton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; text-align: center; margin: 0 10px;"> 392262.50 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; text-align: center; margin: 0 10px;"> 550000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; text-align: center; margin: 0 10px;"> _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; text-align: center; margin: 0 10px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca J Olson

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014

Signature